Disclosure File

P0011367.00

DEFLECTABLE CATHETER WITH NOVEL LUMEN CONSTRUCTION

Division: LT021

Status: O

Attorney: ELB

SubDivsion: LT021

SubStatus: REV

Outside Counsel:

Group: CRM

Priority: X

Last Review:

Submitted:

Approved:

Goode, Johnson E. Spēar, Stanten C.

Kelley, James F.

Minutes:

Other Information:

Date

Description

Information



INVENTION DISCLOSURE FORM

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This is a WORD Template form. Press enter or tab to move to each field. Please fill out this form as completely as possible. If the allotted space is not sufficient, use a separate sheet. Have your manager sign the form and forward it to the Patent Section of the Law Department, MS301. Please attach any drawings and technical descriptions that are available and assemble copies of the background articles, books, advertisements, etc. for use by your patent attorney.

1.	Inventor(s)	Employee	Mail				
	Full Name(s)	Number	Stop	Home Address (Include Zip Code)			
	Johnson Éric Goode Stanten Charles Spear		B230 B248	6425 Polaris Ln N, Maple Grove, MN 55311-4320			
				1752 Chatham Ave., Arden Hills, MN 55112-3226			
	James Frederic Kelley		B230	13000 Nightingale Street NW, Coon Rapids, MN 55448			

- 2. Title of Invention: Deflectable Catheter with Novel Lumen Construction
- 3. Summary of the Invention:

A deflectable catheter with a thru lumen has great clinical utility in left heart therapy delivery procedures by allowing a guide wire or contrast agent to be used during the procedure while using the same deflectable catheter. This ability increases the physician's situational awareness and therefore increases the probability of success and decreases the chance of venous trauma. A common drawback of having a deflectable catheter with a thru lumen is that the deflection mechanism takes up so much interior lumen space that in order to make the lumen large enough to be useful, the outer diameter of the catheter would increase to unacceptable dimensions.

Puil wires are commonly applied to catheters to enable the catheter to be deflected by pulling back on the pull wire which in turn compresses the distal end of the catheter, creating the deflection. If one needs to incorporate a thru lumen into the catheter it is common practice to segregate the pull wire from the lumen by use of a multi-compartment catheter, with separate compartments for the pull wire and thru lumen. This method has the disadvantage of reducing the amount of area available for the thru lumen, due to the wall thickness of the segregated compartments, which in turn reduces the maximum lumen diameter that can be used at a given catheter outer diameter.

This invention solves the above problem by increasing the effective size of the pull wire member by containing the distal end of the pull wire in a spring, or other compressible member, and using this to hold the pull wire in place in the lumen of the catheter. The spring, or compressible member, is attached to the catheter member at 1 or no ends of the catheter shaft to allow relative movement between the spring and pull wire. This allows the elimination of the individual compartments and their associated separation walls and will maximize the size of the thru lumen for a given catheter outer diameter. It is no longer necessary to separate the pull wire from the through lumen and a common lumen profile can be used to contain both.

- 4. How have others addressed this problem (List and attach any patents, books, articles, devices, Medironic or competitor's products, or other background materials you used or which may be prior art)? A prior Medironic device, the 9210 catheter, employs a bi-lumen tubing. A steerable member or guide wire is placed in the outer tubing which then directs the other, non-obstructed tubing. This method is fundamentally different from the disclosed method in that both lumens are still segregated with the associated wall thickness. Another company Daig/St. Jude employs an X shaped lumen which provides for a flat spring or other flat member that separates the lumen into two compartments. This device does not incorporate a thru catheter lumen. The LumaCath, from Irving Biomedical Inc., has a thru catheter lumen construction that incorporates a interior tubular member that surrounds the thru catheter lumen.
- The invention is described on pages 23-25 of Lab Notebook No. 10363 (preliminary, still contained separate bending beam)

http://intranet4.corp.medtronic.com/legal

6. When was a device built which included the invention?

Who built it? John Goode Where is it? Medironic Rice Creek Center

Who has supporting documents? John Goode

Who witnessed tests? Stanten Spear, John Goode, Bob Colbert When and where? May, 2002 Medironic Rice Creek Center RA lab

- 7. Discuss the problems which the invention is designed to solve, referring to any prior devices of a similar nature with which you may be familiar. Problem was creating a deflectable catheter with a thru lumen that would fit within dimensional constraints of existing therapy delivery devices. The outer diameter of the catheter has to be 7 Fr or less to allow passage through a 6218A guide catheter. Also, the thru lumen ideally would allow passage of introducer type guide wires, which range up in size to .038 inches, with .025 and .035 inches being most common. Preliminary testing with a .021 in thru lumen indicated that not enough contrast could be passed to be clinically useful. These objectives had to be met while still allowing the deflectable catheter to track over a guide wire, ideally an EP type guide wire between .014 and .018 inches. This has the clinical benefit of leading with a guide wire to minimize risk of venous trauma and allowing for venous subselection. The tip of the deflectable catheter also must be radio opaque to allow visualization using fluoroscopy, and be soft and non traumatic.
- 8. State the advantages of the invention over presently known devices, systems or processes. The device has a .039 in diameter thru lumen. This is large enough to accommodate up to a .035 in diameter guide wire and large enough to pass clinically useful amounts of contrast. The radio opaque and echo-genic tip eliminates the need for a metallic marker band at the tip, decreasing chance of venous trauma and reducing product costs. The tapered tip facilitates tracking ability over guide wires. The extrusion profile is simpler than competing devices and maximizes the size of the thru lumen at a given catheter outer diameter.
- List all known and other possible uses for the invention. Therapy delivery devices requiring a lumen, including catheters, leads, dilators, diagnostic catheters or probes, implantable sensors, balloon catheters.
 - 10. Specifically describe the invention and its operation. You may use and attach copies of sketches, prints, photographs and illustrations which should be signed, witnessed and dated. Use numbers and descriptive names in descriptions and drawings. The distal extruded lumen profile is as shown per the drawing. A spring encloses the pull wire. This increases the effective size of the pull wire member to hold the pull wire in the "cut out" area of the catheter lumen profile. The spring may be connected at one or zero points to the catheter side shaft. The spring cannot be connected at more than one location as it must be free to move relative to the pull wire and catheter shaft. In practice, the spring is connected at the distal end via adhesive or polymer backflow from the anchoring band/pull wire junction. The tubing is also fixed on one end (distal) and also cannot be connected between the braided shaft and the deflectable shaft as it must be free to slide with in the catheter body during deflection. The tip section is 48D PEBAX loaded with jet milled tungsten carbide to be both radio opaque and echo-genic. The outer diameter of the deflectable catheter is tapered like a dilator to assist in passage through restricted veins or ostia.

There are several methods in which this catheter can be deployed. The general system consists of a fixed shape sheath, steerable catheter, a guide wire and a lead. The general method includes a sheath that is back loaded on to the steerable catheter with a guide wire inserted into the lumen of the catheter. The outer sheath could be straight or any one of a number of variety of curves such as a MB2, Amptatz or multipurpose. The combination provides multiple degrees of freedom and flexibility to canulate the coronary sinus. The guide wire is extended beyond the end of the catheter and is used to probe for the cs ostium. Contrast media may also be injected to assist in the location. Once the cs canulated, the guide wire is pushed distal and the catheter advanced into the cs. The outer sheath is then advanced into the ostium and serves as a work station for tool exchanges. The catheter is removed and the venogram balloon placed over the wire and a venogram preformed. A physician may elect to remove the guide wire and inject contrast media directly into the venous structure. Depending on the size of the guide wire used, it is reinserted in the catheter and advanced to the targeted sub-vein. The wire is advanced distal in the sub-vein and the catheter and sheath advanced over the wire. The catheter is removed, leaving the sheath and guide wire behind. Depending on the size of the guide wire, the lead is advance directly over the guide wire into position.

This catheter could also be used to deliver small diameter leads to the right side chambers. The ability to push contrast media through the lumen also allows the physician to visualize structures with the heart for precise placement of diagnostics and therapeutic devices.

Another method is in the performance of pulmonary veln ablations. This catheter could be used to safely locate and puncture the fosal ovalis to access the left atrium. Once the puncture is made a sheath would be placed and the catheter advanced to the pulmonary veins. Contrast media is injected through the center lumen to identify the pulmonary vein ostium.

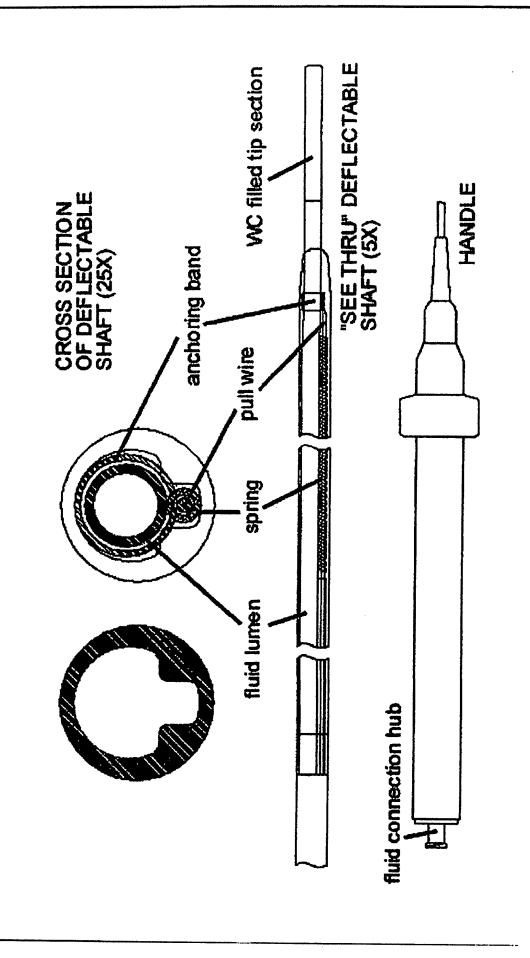
This catheter may also prove useful in cannulating the coronary sinus ostium when the ostium is partially occluded by a Thesbian valve by using a guide wire to pass by the valve and tracking the catheter over the guide wire. The same would apply more distally in the cardiac anatomy by providing a method for passing through the Valve of Vieussens. The ability to visualize using contrast and track past obstructions using a guide wire enables placing the delivery system closer to the final pacing site.

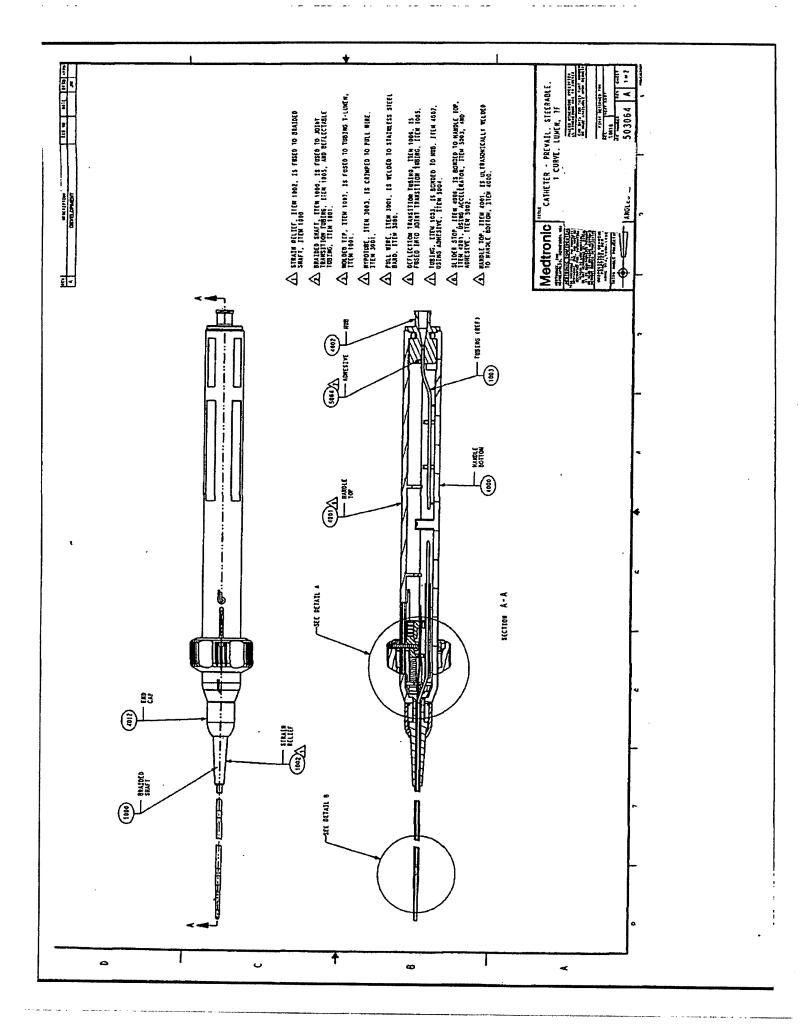
11. List all features of the invention that are believed to be novel. 1) Using a spring or other compressible member to contain the pull wire thereby increasing the effective size of the pull wire member to hold in place in lumen. 2) Attaching the spring on one or zero ends (not both ends, spring must be free to move relative to pull wire and tubing). 3) The tubing does not connect the braided shaft to the deflectable shaft, again must be free to slide within catheter body during deflection. 4) Tapered tip feature in a deflectable catheter, increases in diameter (distal to proximal) to facilitate passing through restricted space such as the coronary sinus thesbian valve, venous valves, etc. 5) Anchoring pull wire in body of catheter, not tip. 6) Radio opaque and echo-genic tip, eliminating the need for metallic marker bands, or separate radio opaque and echo-genic fillers in the polymer. 7) The catheter taper provide back-up support for the guide wire. 8) The catheter provides back-up support for the outer sheath.

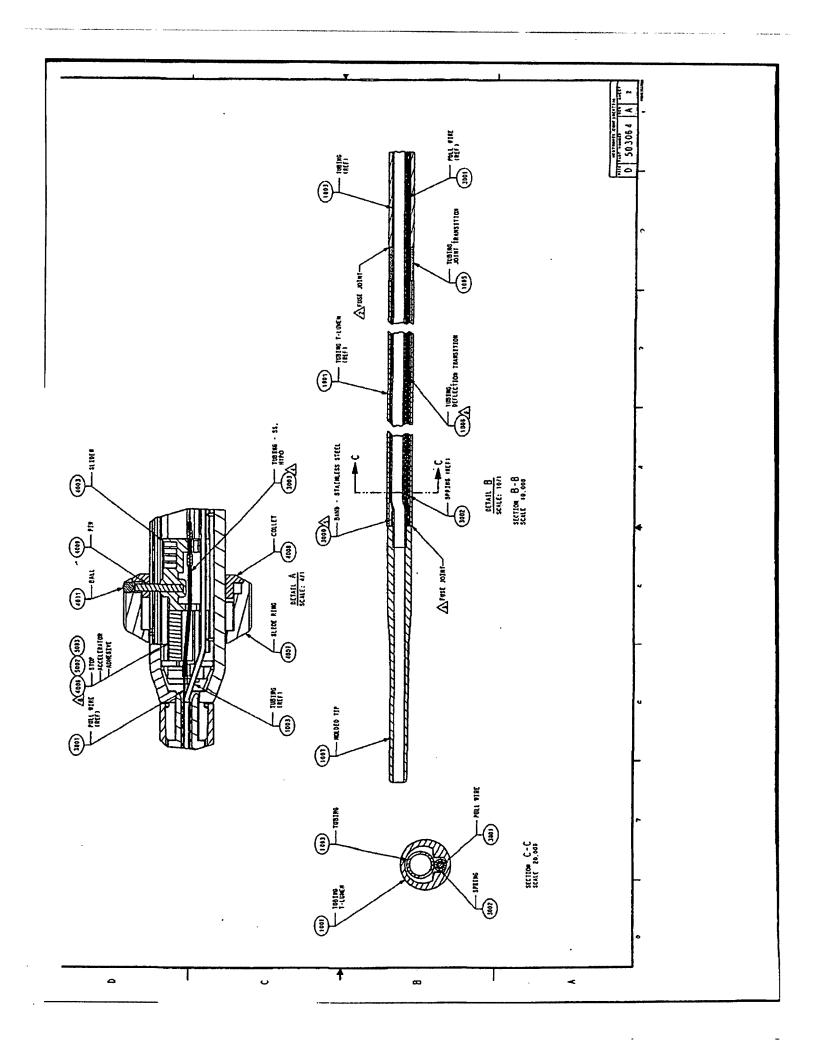
Method claims:

- 1) Using steerable catheter with guide wire and delivery sheath to cannulate coronary sinus and establish workstation for delivery of venogram balloon catheter and leads, with or without guide wire 2) Subselecting branch veins by selecting with guide wire and tracking over 3) Performing venogram without necessity of exchanging with a venogram balloon catheter 4) Placing guide wire in final selected site and advancing lead over guide wire. Lead could first be loaded onto an extension wire via the connector end with the extension wire then being connected to the retained guide wire. Then the lead would be advanced over the retained guide wire in the normal manner. This allows Meditronic's OTW lead to be delivered without going backwards through the distal seal. Once the guide wire loading tool is available, could load OTW lead directly over the retained guide wire. 5) Delivery small diameter leads or other devices directly through the steerable catheter 6) Use the catheter to perform Pulmonary Vein ablations by puncturing the fosal oveils via puncture tool passed thru catheter and then securing left strial access via guide sheath passed over steerable catheter. 7) Catheter has unique ability to pass thru partially occluded veinous structures such as a Thebesian valve in the coronary sinus ostium or the Valve of Vieussens in the cardiac veins by tracking over a guide wire. The guide wire can be selected for properties that match the specific situation encountered.
- 12. Sale or Publication (Needed to establish the date of any printed publication, public use or sale, since no U. S. patent application may be filed after one year from such date.)
 - a. If a device has been offered, or will be offered for sale, or used for profit or otherwise publicly disclosed, state when and to whom delivered and how used? Has not been publicly disclosed.
 - b. Has a printed description of this invention been made available to persons outside the company? How and when and was use restricted (e.g. licensing agreement, non-disclosure agreement, proprietary legends, etc.)? No

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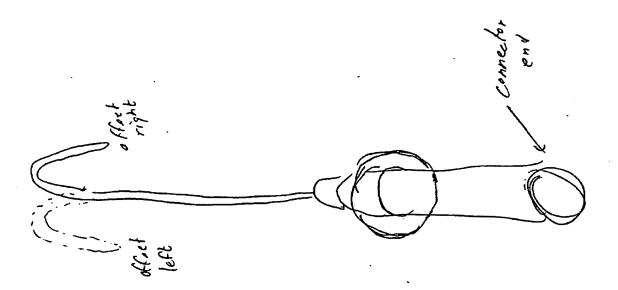


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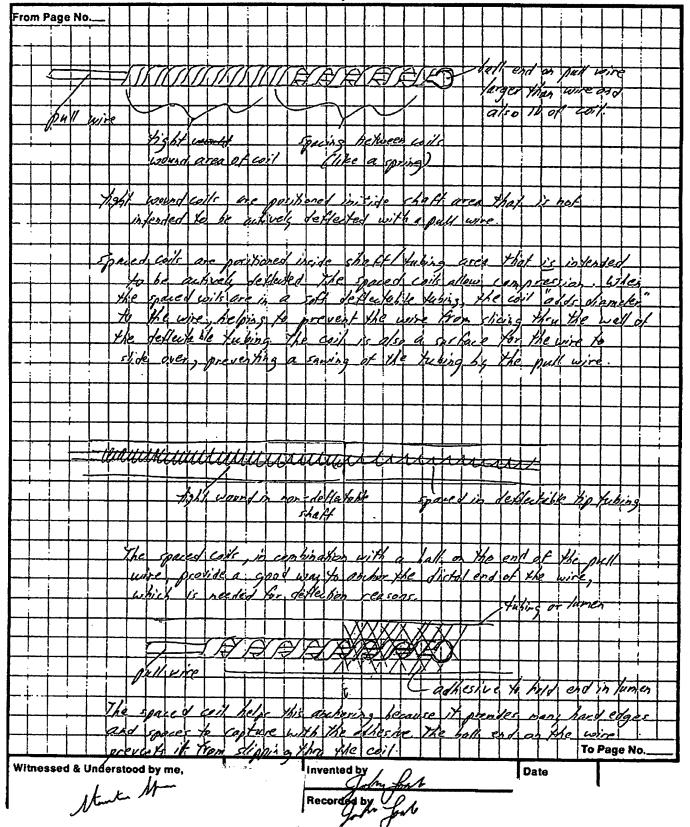
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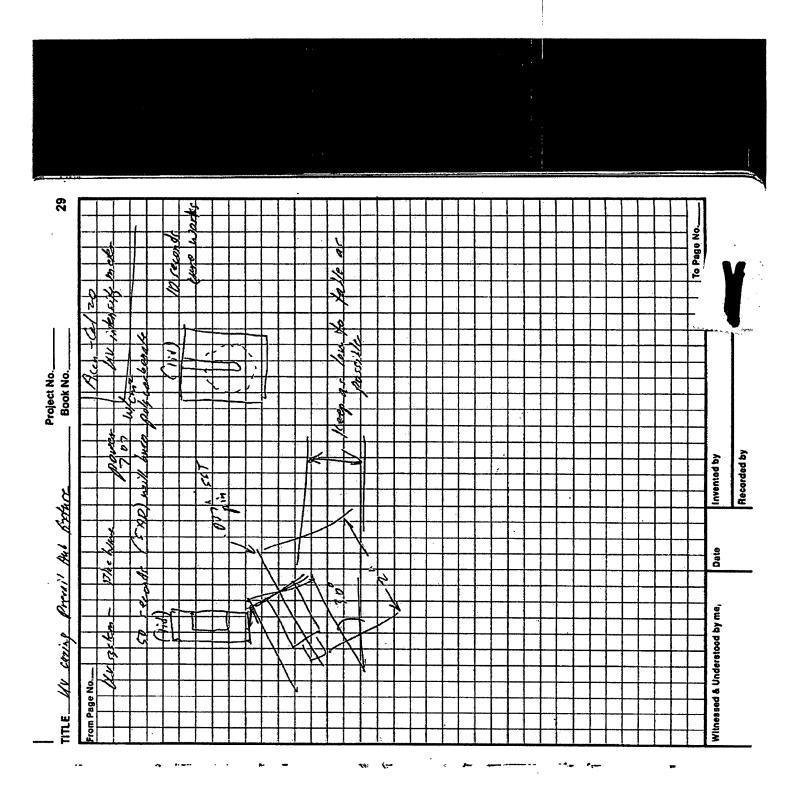


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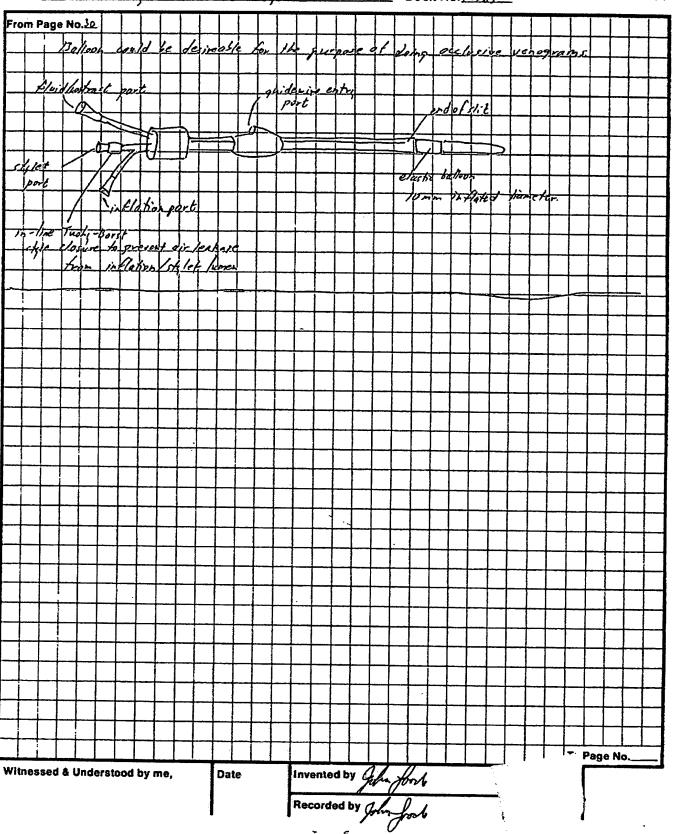
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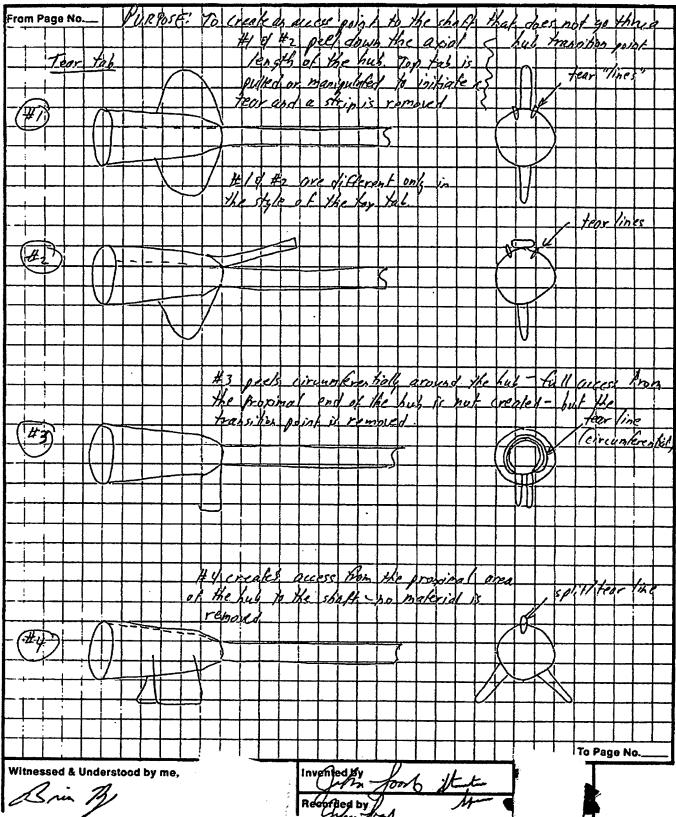
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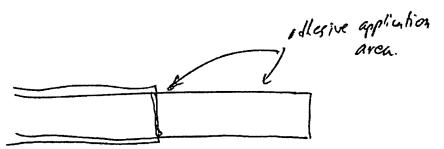
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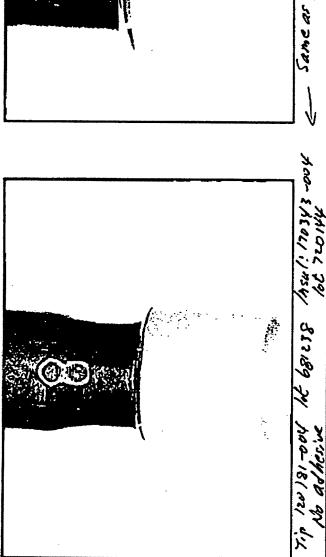
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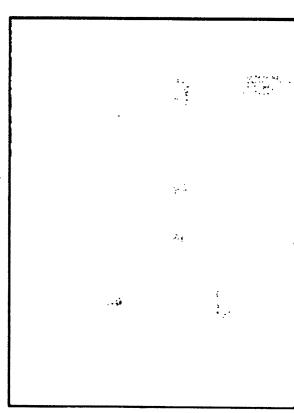
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Shrink over have end of Te at 5000 p

Yun out 400 F melt 330 of reflow / relax



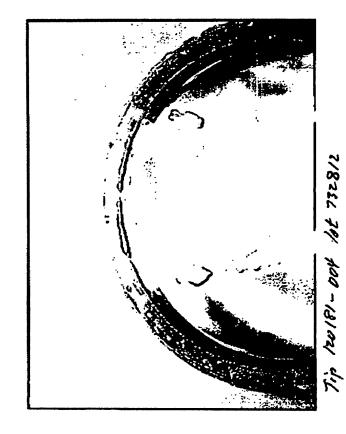
Same as, closer image

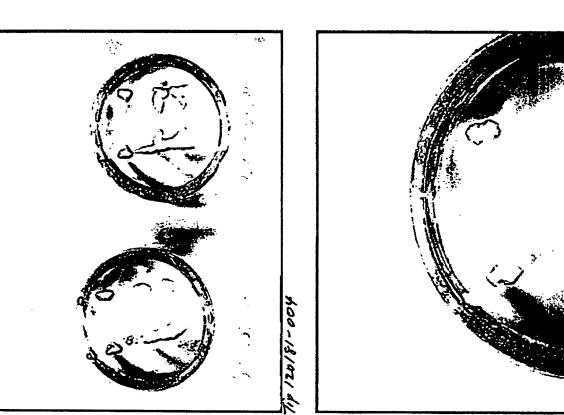


Insul 170343-004 lot 720144 1454 158159-001 105:721608

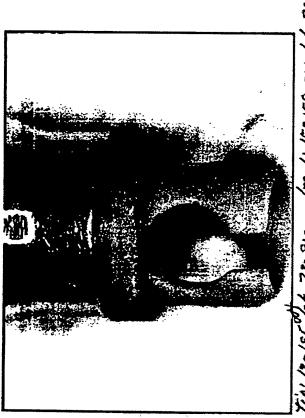
Jusy 170343-004

her! 153159-001

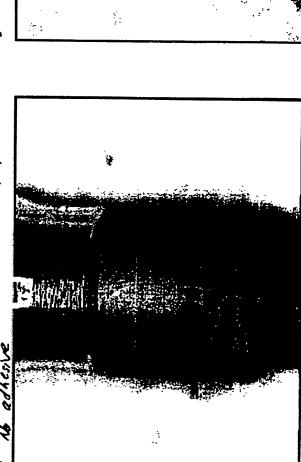




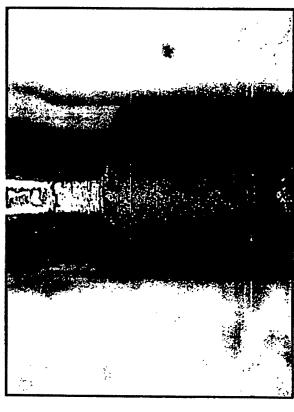
812189 701 NOD-181021 dil



20/8/ Joh 722812 Insul: 153/59-001 166 72/608



Tip: 120181-004 lot 772812 lasul: 170343-004 No adhesive



Tip 120181-004 lot 732812 lasal: 170343-004 with Adhesive 162 720144